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** CONTINUING DATA *****

54 *none*

** FOREIGN APPLICATIONS *****

54

F REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CT	SHEETS DRAWING 6	TOTAL CLAIMS 34	INDEPENDEN CLAIMS 4
/verified and Acknowledged Examiner's Signature	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>JK</i> Initials				

ADDRESS

00128
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TITLE

Bleed valve system

FILING FEE RECEIVED 1086	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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